MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
FILING DATE
APPLICANT(S)

10/562889

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6	/						56						
7	/						57						
8							58						
9	/						59						
10		/					60						
11	/						61						
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16		/					66						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	16						TOTAL DEP.						
TOTAL CLAIMS	23						TOTAL CLAIMS						

PTO - 1360 (REV. 11/84)